

# New Jersey National Guard Youth Challenge Program

Bldg. 5402 1<sup>st</sup> Street, Fort Dix, NJ 08640

## APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY USING BLACK OR BLUE INK ONLY

Applicant Data					
Applicant's Last Name		First Name		Middle Name	
Date of Birth mm/dd/yy	Age	Gender – Circle One	Social Security Number	Country Born In	
/ /		Male      Female	- -		
Are you a citizen of the United States? Circle One	If you are not a U.S. Citizen, Please indicate status – Circle One			Are you a resident of New Jersey Circle One	
Yes      No	Refugee      Immigrant      Non-Immigrant	Yes      No			

Applicant's Residence Data					
Name of Person(s) Applicant Lives With			Relationship to Applicant		
Street Address**	Apt. No.	City	State	Zip Code	County
Home Phone	Alternate Phone	Pager	Cellular		
( )	( )	( )	( )		
Applicant's Mailing Address Only if different from residence					
P.O. Box or Street Address	City	State	Zip Code		

Applicant's Personal Data (Circle one)				
Applicant's Marital Status:	Single	Married	Separated	Divorced
Does Applicant have children:	Yes	No	If yes, how many:	
<p>**The New Jersey National Guard Youth Challenge Program does not provide day care for dependents. If I am accepted, I understand that I am still liable for their care. I certify that I will arrange for proper and safe care for my dependants(s). if I am selected to participate in this program.</p>				

\*\*If you do not have a street address, enter the subdivision or sign post (i.e. Saylor Pond Road, next to highway marker 68 West, near Sandman Restaurant...)

Parent / Legal Guardian Information		
	Father's Information	Mother's Information
Name		
Address		
City, State, Zip-Code		
Home Phone		
Work Number		
If parents are divorced, who has custody (Joint / Sole)		
If parents are divorced and have JOINT custody, please list address of other parent for joint mailings regarding Cadets		

Emergency Contact: Other than parents/legal guardian		
	Contact #1	Contact #2
Name		
Relationship		
Home Phone		
Work Phone		

Emergency Contact: Other than parents/legal guardian		
	Contact #3	Contact #4
Name		
Relationship		
Home Phone		
Work Phone		

Authorized for Pick-Up		
Designated adult(s) who may pick-up & return Cadets / Oahu Sponsor, other than parent / legal guardian. This person(s) must be 21 years of age and will be required to show proof of age at the time of pick-up.		
	Designated Adult #1	Designated Adult #2
Name		
Relationship		
Home Phone		
Work Phone		

Authorized for Pick-Up		
Designated adult(s) who may pick-up & return Cadets / Oahu Sponsor, other than parent / legal guardian. This person(s) must be 21 years of age and will be required to show proof of age at the time of pick-up.		
	Designated Adult #3	Designated Adult #4
Name		
Relationship		
Home Phone		
Work Phone		

I/we, the Parent(s)/Legal Guardians of the applicant, do agree to support our child's decision to better his/her life by applying to the New Jersey National Guard Youth Challenge Program. We will assist him/her by attending the mandatory orientation/interview session. We will also assist the applicant in retrieving the necessary documents/information that may be required by the New Jersey National Guard Youth Challenge Program.

\_\_\_\_\_  
Father / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother / Legal Guardian Signature

\_\_\_\_\_  
Date

**\*\*Both parent(s)/guardian(s) must sign if living with or having joint custody of the above named Cadets.**

**Race and National Origin for National Guard Bureau Reports (Check *ONE* Only)**

- \_\_\_\_ A. Native American , American  
Indian, Alaskan Native  
\_\_\_\_ B. Asian or Pacific Islander  
\_\_\_\_ C. Black, not of Hispanic Origin

- \_\_\_\_ D. Hispanic (Mexican, Puerto Rican,  
Cuban, Spanish, etc.)  
\_\_\_\_ E. White, not of Hispanic Origin  
\_\_\_\_ F. Other (Specify)

**Language Background – Indicate the language you use:**

- A. What is your first acquired language:  
B. What language is most often spoken at home:  
C. What language do you most often use:

**Applicant's Educational Data**

Name of High School / Last School attended:

Last grade completed / currently in:

Credits earned towards graduation:

If you are not currently attending school, give brief explanation why and what you are doing:

**Applicant Health Data**

Are you in good health? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, explain briefly:

Are you allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list "things" you are allergic to:

### Applicant's Health Data (Continued)

Have you recently recovered from any medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain briefly (illnesses, injuries, accidents, etc.):

Are you currently taking medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, list medication(s) and purpose:

Have you undergone treatment for alcohol or substance abuse? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list date(s) and place. Also give brief explanation:

Do you require a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain:

Do you have any current dental issues / problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give brief explain:

When was your last dental examination? And what was it for?

**I understand that a current physical examination is required. Upon notification of my selection, I will submit a completed Medical Form, which shall include a complete physical examination, Tuberculin test results, and immunization record.**

I understand that I will be dismissed (released) if I incur any illness or injury, which prohibits me from participating in this program. I understand that I will be eligible to reapply for future classes when the illness or injury is corrected/cured. I also understand that my physician's written clearance must accompany any future application(s) that I might submit to the New Jersey National Guard Youth Challenge Program.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Father / Legal Guardian Signature \_\_\_\_\_

\_\_\_\_\_ Date

Mother / Legal Guardian Signature \_\_\_\_\_

\_\_\_\_\_ Date

# NEW JERSEY NATIONAL GUARD YOUTH CHALLENGE ACADEMY

(Please complete in ink)

## **PARENTAL STATEMENT OF CHILD'S FITNESS**

Knowing that my/our son/daughter/ward,

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

Will participate in the New Jersey National Guard Youth Challenge Program and that he/she will be involved in daily physical training, intramural and confidence course training. I/we do certify that he/she is physically and mentally fit and qualified to participate in such activities.

\_\_\_\_\_  
Father/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Legal Guardian Signature

\_\_\_\_\_  
Date

## **PARENTAL CONSENT FOR SWIMMING AND WEIGHT TRAINING**

I/We the parent(s)/guardian(s) of:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

enrolled in the New Jersey National Guard Youth Challenge Program at Fort Dix, New Jersey, DO HEREBY consent to his/her participation in swimming and/or weight training programs.

I/We DO \_\_\_\_\_ DO NOT \_\_\_\_\_ consent to the above named Cadet's participation in the SWIMMING program.

I/We DO \_\_\_\_\_ DO NOT \_\_\_\_\_ consent to the above named Cadet's participation in the WEIGHT TRAINING program.

\_\_\_\_\_  
Father/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Legal Guardian Signature

\_\_\_\_\_  
Date

**\*\*Both parent(s)/guardian(s) must sign if living with or having joint custody of the above names Cadets.**

# NEW JERSEY NATIONAL GUARD YOUTH CHALLENGE PROGRAM

## PARENTAL CONSENT FOR MEDICAL CARE

(Please complete in ink or type)

***Please provide the following information:***

Name of Medical / Health Care Insurance Company		Phone Number	
		(    )    -	
Address of Insurance Company	City	State	Zip Code
Name of Subscriber(Individual who pays for Insurance)		Subscriber's SSN	
Subscriber Number / Membership Number / Policy Number / Medical Record Number			
Name of Family Doctor or Clinic		Phone Number	
		(    )    -	
Address of Family Doctor or Clinic	City	State	Zip Code

I/We the parent(s)/guardian(s) of:

\_\_\_\_\_  
 Last Name                      First Name                      Middle  
 Date of Birth:    /    /    Gender:    Social Security #:    -    -

enrolled in the New Jersey National Guard Youth Challenge Program at Fort Dix, New Jersey, being responsible for the above named Cadet's medical care and any incurred medical cost. I/We do HEREBY consent in advance to whatever emergency, X-ray examination, anesthesia, diagnostic procedure, medical and/or surgical treatment is considered necessary in the best judgement of the attending physician in the event of illness or injury occurring to the above-named Cadets while attending this program. In the event of any illness or injury, reasonable efforts will be made to immediately notify me/us.

I/We DO    DO NOT    Possess medical insurance for payment of incurred medical cost.

I/We further understand that no medication of any kind can be dispensed and/or stored by the New Jersey National Guard Youth Challenge Program personnel, except by medical personnel as permitted by law.

\_\_\_\_\_  
Father/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Legal Guardian Signature

\_\_\_\_\_  
Date

**Law Violations**

(Answer all questions by checking YES or NO)

- A. Have you ever been arrested, apprehended, charged, cited or held by federal, state or other law enforcement or juvenile authorities, regardless of whether the citation was dropped, dismissed or found not guilty? \_\_\_\_\_ Yes \_\_\_\_\_ No
- B. Have you ever been convicted, fined by or forfeited bond to a federal, state or other judicial authority or been adjudicated as a youthful offender or juvenile delinquent, regardless of whether the record of your case has been sealed or otherwise stricken from the court records? \_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Have you ever been detained, held in, or served time in any jail or prison reform or industrial school, or juvenile facility or institution under the jurisdiction of any city, state, or federal government or foreign country? \_\_\_\_\_ Yes \_\_\_\_\_ No
- D. Are you currently a ward of the court; or are you now under suspended sentence, parole, or probation; or are you awaiting sentencing or other action on criminal/civil charges against you? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Law Violation Explanation**

If you answered "YES" to questions A through D, explain each incident below. Include all incidents with law enforcement authorities even if the citation or charge was dropped or dismissed or you were found not guilty. If necessary, attach a separate sheet to this application.

Date	Nature of Offense or Violation	Place	Penalty Imposed/Disposition

**Probation/Parole Officer**

If you ever had a Probation/Parole Officer, please provide his/her information

Name	
Address	
Phone Number	

To the best of my knowledge, I have answered all of the above statements truthfully.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Statement of Eligibility

Please answer these questions truthfully by marking YES or NO

1. I am <b><u>voluntarily</u></b> enrolling in the New Jersey National Guard Youth Challenge Program. I understand that this is not a “sentencing alternative” and that the New Jersey National Guard Youth Challenge Program is not OBLIGATED to accept me into the program.	_____ Yes _____ No
2. I understand that I must be <b><u>drug free</u></b> to be accepted into the New Jersey National Guard Youth Challenge Program.	_____ Yes _____ No
3. I am between 16 1/2 and 18 years of age. (Must be no younger than 16 1/2 years old nor older than 18 years old on the first day of the program) I understand that preference is given to the “older” students who are unable to graduate with their class.	_____ Yes _____ No
4. I am free from involvement of the legal system. I am not serving under the jurisdiction of any branch(s) of the legal system. I do not have active and/or pending actions/cases.	_____ Yes _____ No
5. I have a history of chronic absenteeism.	Yes No
6. I am a citizen of the United States and a resident of New Jersey	Yes No
7. I understand that I must be unemployed while participating in the residential phase of the New Jersey National Guard Youth Challenge Program.	_____ Yes _____ No
8. I am physically and mentally fit. I understand that the New Jersey National Guard Youth Challenge Program is physically and academically demanding. I am ready to take this challenge.	_____ Yes _____ No
<b>If you answered “NO” to any one of these questions, please explain below</b>	

To the best of my knowledge, I have answered all of the above statements truthfully.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date





# New Jersey National Guard Youth Challenge Program

Bldg. 5401 1<sup>st</sup> Street, Fort Dix, New Jersey 08015

Phone: 609-562-0577

Fax: 609-562-0581

## **MANDATORY DRUG TESTING CONSENT FORM**

(Please print in ink)

I, _____,		
Last Name	First Name	Middle
<p>an applicant applying for enrollment into the New Jersey National Guard Youth Challenge Program located at Fort Dix, New Jersey, hereby acknowledge that:</p>		
1.	I understand that the New Jersey National Guard Youth Challenge Program is a “DRUG FREE” programs, and to be considered for this program I must also be drug free.	
2.	If I am considered for this program, I will be required to participate in a test for illegal drugs at my own expense. If the test is found to be positive, I will be disqualified for enrollment.	
3.	If I am accepted in this program, I will be required to participate in a test for illegal drugs during the first week of the residential phase of the program.	
4.	Thereafter, I will be tested for illegal drugs upon my return from scheduled leave/passes.	
5.	I may be randomly tested for illegal drugs at any time during the residential phase of this program.	
6.	I will be tested for illegal drugs during the final month of the residential phase of this program.	
7.	I voluntarily consent to the above tests and testing program. I understand and agree that if I test “POSITIVE” at anytime for illegal use of a controlled or illegal substance, I will be discharged from the program.	
8.	I understand that all drug tests given by the New Jersey National Guard Youth Challenge Program is mandatory. If I fail to participate in any one of the drug test, I may be discharged/declined from this program.	

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Legal Guardian's Signature

\_\_\_\_\_  
Date

# New Jersey National Guard Youth Challenge Program

## PARENTAL CONSENT TO TRANSPORT

(Please complete in ink)

I/We the parent(s)/guardian(s) of:

\_\_\_\_\_  
 Last Name First Name Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Enrolled in the New Jersey National Guard Youth Challenge Program, at Fort Dix, New Jersey,  
 DO HEREBY consent to his/her participation in this program.

I/We authorized the New Jersey National Guard to transport him/her to and from Fort Dix and the provided facilities and training. **I/We further agree that, if necessary, due to medical, disciplinary, or other reasons, the lead advisor / commandant may elect to return him/her to home address by commercial or private carrier for which I/we will be responsible for payment.**

I/We further DO \_\_\_\_\_ DO NOT \_\_\_\_\_ Consent to the above-named Corps Member being transported as a passenger in certain National Guard ground and/or air vehicle on the terms and conditions stated above.

\_\_\_\_\_  
 Father/Legal Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mother/Legal Guardian Signature

\_\_\_\_\_  
 Date

**\*\*Both parent(s)/guardian(s) must sign if living with or having custody of the above named Cadets.**

# NEW JERSEY NATIONAL GUARD YOUTH CHALLENGE PROGRAM

## Applicant's Statement of Validity

- 1) I/We have read and answered the questions in this application truthfully and to the best of my knowledge. I/We understand that any **FALSIFIED** information will **VOID** this application. I/We also understand the program's goals and summary included in the beginning of this application.
- 2) I/We am/are aware that the New Jersey National Guard Youth Challenge Program will be physically and mentally demanding.
- 3) At this time, the applicant is in good health, is drug free, does not have an alcohol problem, and is not actively involved in the legal system.
- 4) I/We understand that the applicant will be committed to remain in the program for the first two weeks (Pre-Challenge phase) and **will not be released**. (Health related issues will be determined on a case to case situation.)
- 5) I/We understand that if the applicant leaves the Youth Challenge Academy Facilities without proper authorization (AWOL), I/we will not hold the Academy liable for the well being of the Cadets. I/We will be notified within a reasonable time of such an occurrence. The Cadets will also be reported to the New Jersey State Police and Department of Defense Police Departments as a "runaway" within 24 hours of the absence being noted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Legal Guardian's Signature

\_\_\_\_\_  
Date

The following information is needed for academy reporting purposes only.  
This will not affect selection of the applicant!

- A. What is the total income for your household last year? Please include such things as job wages, pensions, Social Security benefits, retirement income, child support, alimony, unemployment compensation, AFDC, general assistance, welfare, SSI and SSDI payments.

Please check one only:

- |  |  |
|--|--|
| <input type="checkbox"/> \$0 - \$5,000       | <input type="checkbox"/> \$20,001 - \$25,000 |
| <input type="checkbox"/> \$5,001 - \$10,000  | <input type="checkbox"/> \$25,001 - \$30,000 |
| <input type="checkbox"/> \$10,001 - \$15,000 | <input type="checkbox"/> \$30,001 +          |
| <input type="checkbox"/> \$15,001 - \$20,000 |  |

- B. How many people are in your household? \_\_\_\_\_

- C. Where did you hear about our academy? Who referred you?

- |   |   |
|---|---|
| <input type="checkbox"/> High School Counselor    | <input type="checkbox"/> Friend             |
| <input type="checkbox"/> Probation Officer        | <input type="checkbox"/> National Guardsman |
| <input type="checkbox"/> Past Graduate of Program | <input type="checkbox"/> Other (Specify)    |

# NEW JERSEY NATIONAL GUARD YOUTH CHALLENGE PROGRAM

BLDG. 5402 1<sup>ST</sup> STREET, FORT DIX NEW JERSEY, 08640

Phone: 609-562-0577 Fax: 609 562-0581

## TRANSCRIPT REQUEST FORM

### INSTRUCTIONS:

Applicant/Parent/Legal Guardian:

- 1) Fill in all information completely and clearly in black or blue ink.
- 2) Please ensure that this form is signed by both applicant and parent/legal guardian.
- 3) Submit this form to your high school by mail or in person. **DO NOT MAIL THIS FORM TO US AS IT WILL NOT BE FORWARDED TO YOUR SCHOOL.**

**(NOTE: If you have any outstanding debts with your high school, they may require that you pay these debts before releasing your transcripts to us. The New Jersey National Guard Youth Challenge Program will not be involved in the collection of these debts but we are requiring that your transcripts be received prior to your interview date.)**

Registrar:

- 1) Please provide us an “unofficial copy” of the applicant’s academic record to include the following:
  - a) Transcript of course work through last marking/grading period.
  - b) Standardized Achievement Test results (if high school scores are unavailable, please include intermediate and/or elementary scores).
  - c) The results of the HSPT and any psychological assessments
- 2) Please mail transcript to us at:  
 NJ National Guard Challenge Youth Program  
 Recruitment Program Coordinator  
 Bldg. 5402 1<sup>st</sup> Street  
 Fort Dix, NJ 08640
- 3) Or fax to us at (609) 562-0782

Applicant Information					
Last Name		First Name		Middle	
Address			City	State	Zip Code
Date of Birth	Age	Gender – Circle one		Social Security Number	
/ /		Male      Female		- -	
Name of Last High School		Address			
Applicant Signature			Parent/Legal Guardian Signature		

**DO NOT SUBMIT THIS FORM TO YOUTH CHALLENGE!  
 YOU MUST SUBMIT IT TO YOUR HIGH SCHOOL**

DEA

## Student Essay

### USE ADDITIONAL SHEETS IF NECESSARY

Type or print an essay four paragraphs in length, answering the following four questions. Each paragraph must be no less than 50 words.

1. Why would you like to become a member of the New Jersey National Guard Challenge Youth Program?
2. What previous volunteer work and/or life experiences have prepared you for work with the Challenge Program?
3. What skills and strengths can you bring to or use in the Challenge Program?
4. If accepted, what are your plans/goals you after complete the program?

RECOMMENDATION LETTER  
NEW JERSEY NATIONAL GUARD CHALLENGE YOUTH PROGRAM

For (Applicant's Name) \_\_\_\_\_

**Your recommendation of this youth is an important element of the application package.**

*Recommendation from family members is not acceptable:*

RECOMMENDOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

AFFILIATION: \_\_\_\_\_

(Church/civic group/business/industry/school/military)

In your own words, please address the following subjects:

**How does the youth respond to challenges?**

**How do the youth handle relationships and responsibilities?**

**What special abilities and capabilities does the youth possess.**

**What do you know about the youth work habits?**

**What do you believe is the potential of this youth to succeed in a rigorous five-month program while living away from home?**

**Would you consider being a Mentor to the youth during the five-month residential phase and also during the one-year post residential phase of the Challenge Program?**

**If the space provided is not sufficient, please continue of the back of this form and/or attach additional sheets.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# NEW JERSEY NATIONAL GUARD CHALLENGE YOUTH PROGRAM

## SPECIAL POWER OF ATTORNEY TO AUTHORIZE MEDICAL CARE FOR MY CHILD

KNOW ALL PERSONS BY THESE PRESENT:

That I, \_\_\_\_\_ (print parent/guardian's name)  
Social Security number \_\_\_\_\_, of the State of New Jersey, do hereby appoint the Director of the  
New Jersey National Guard Challenge Program at Fort Dix, NJ, as my true and lawful attorney-in-fact to do the following in my  
name and in my behalf:

To do all acts necessary or desirable for maintaining the health of my child \_\_\_\_\_  
\_\_\_\_\_. (Print child's name); specifically, to approve and authorize any and all medical treatment deemed necessary  
by a duly licensed physician and to execute any consent, release of waiver of liability required by medical or dental authorities  
incident to the provision of medical, surgical, or dental care for the child by qualified medical or dental personnel.

Giving and granting individually unto my said attorney full power and authority to do and perform any and all acts, deeds,  
matters and things whatsoever in and about any of the aforementioned specified particulars as fully and effectual to all intents and  
purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each  
of the acts of my aforesaid attorney lawfully done pursuant to the authority herein above conferred.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be if I become disabled,  
incapacitated or incompetent. I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal  
requirements, such as required filing or placement of notices, which may affect the validity of this document.

Unless sooner revoked or terminated by me, this Document shall be in effect for so long as my child is a participating  
member of the New Jersey National Guard Challenge Youth Program.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney and  
Voluntary Appointment of Guardian in the presence of the NOTARY PUBLIC witnessing it at my request this date,

\_\_\_\_\_.

State of \_\_\_\_\_

County of \_\_\_\_\_ to wit:

I, \_\_\_\_\_ a Notary Public

In and for the above county and state, certify that

\_\_\_\_\_, whose signature

appears on the above document, personally appeared

before me in my said county and state and did then

and there sign the above document.

\_\_\_\_\_  
(print parent's/guardian's name)

\_\_\_\_\_  
(parent's/guardian's signature)

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

My commission expires: \_\_\_\_\_



# **CADET APPLICANT SELF INTERVIEW**

APPLICANT'S NAME \_\_\_\_\_ INTERVIEW DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

i

1. IN YOUR OWN WORDS, HOW WOULD YOU DESCRIBE YOURSELF?

2. HOW DID YOU BECOME AWARE OF THE CHALLENGE PROGRAM?

3. WHY DO YOU WANT TO BECOME A MEMBER OF THIS PROGRAM?

4. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? WHEN AND WHY DID YOU STOP?

5. WHAT HAVE YOU BEEN DOING SINCE YOU STOPPED SCHOOL?

6. IF YOU HAVE NOT COMPLETED SCHOOL, WHY DO YOU THINK YOU CAN COMPLETE THIS PROGRAM?

7. WHAT ARE YOUR HOBBIES?

8. WHAT ARE YOUR CAREER GOALS? WHAT DO YOU PLAN TO DO WHEN YOU COMPLETE THE CHALLENGE PROGRAM?

9. YOU WILL BE GIVEN A DRUG TEST UPON ENTERING THE PROGRAM THAT WILL SHOW USAGE 30 TO 60\*BACK. WILL THAT BE A PROBLEM? YES NO WILL YOU BE DRUGGING FREE? YES NO

10. HAVE YOU BEEN ARRESTED? YES NO IF SO, FOR WHAT?

WHEN IS YOUR COURT DATE? ARE YOU CURRENTLY ON PROBATION? YES NO

IF YOU ARE ON PROBATION, WHEN WILL IT BE COMPLETED?

11. DO YOU HAVE ANY QUESTIONS?

12. INTERVIEWER INFORMATION (check off as covered)

- A. GED (we do not guarantee it. It is up to the student)
- B. SCHEDULE (daily and over-all)
- C. MEDICAL (parents pay medical costs, not the program)
- D. MENTOR (must be provided by the family prior to acceptance)
- E. NOTICE OF RESULTS (of TABE test or interview)

13 RECOMMENDATION: \_\_\_\_\_ YES \_\_\_\_\_ NO INITIALS OF INTERVIEWER \_\_\_\_\_

Current Age:

Race:

Gender: Male | Female

Circle one

Date of

Birth: \_\_\_\_\_